				10/6/2864							
PATENT APPLICATION FAIE DETERMINATION RECORD						Application or Docket Number					
C JAIMS AS .		ED - PART I		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS		9		RAT	E	FEE		RATE	FEE		
FOR	17	SER FILED	NUMBER EXTRA	BASIC	FEE	375.00	OR	BASIC FEE	750.00		
TOTAL CHARGEABLE C	S	minus 20= · &		X\$ 8	,.		OR	X\$18=	144		
INDEPENDENT CLA 'S		minus 3 e		X42	.		OR	X84=	84		
MULTIPLE DEPEND: IT CL	MPRF	T			7			-000	84		
* If the difference in co'::	1 is le: 5 !	an zero, enter	*0" in column 2.	+140			OR	+280=			
OR TOTAL 918 OR TOTAL 918 OTHER THAN											
4.000	1	(Colum	nn 2) (Column 3)	SMA	LL E	NTITY	OR	SMALL			
Total Independent	; \vi_[HIGH NUM PREVIO PAID	BEA PRESENT DUSLY EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Total · 2	PT	4		X\$ 9	Þ		OR	X\$18=			
Independent . FIRST PRESER:	ML	E DEPENDENT	9 . 2	X42	-		OR	X84=	Bes. al		
PINST PRESENT	-	2 DEPENDENT		+140	.		OЯ	+280=			
000 10					ΙAL		OB	YOTAL			
ADDIT. FEE (Column 2) (Column 3)											
Total Independent 5	.G	HIGH NUM PREVIO PAID	BER PRESENT DUSLY EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Total .	_	- 28	1 -	X\$ 9	-		OR	X\$18=			
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117.9.180				ADDIT.			OR	YOTAL ADDIT. FEE			
10 9.000	.]_	(Colur									
Total .	~{	HIGH NUM PREVIO PAID	BER PRESENT JUSLY EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
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FIRST PRESENT	:AL .,	E DEPENDENT	CLAIM [+140		11	OR	+280=			
* If the injury is a summ to ** If the 'i if if	11: P.		s less than 20, onter "20."	ADDIT. F	ᆔ		OB.	TOTAL ADDIT. FEE			
The Trighes, Number 5 Total or independent) is the highest number found in the appropriate box in column 1.											
FORM 91(1475	- •	inter Officer 2000			_				CONNEDCE		

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